

BLUE REVIEWSM

A Provider Publication

July 2018

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities. This version of Blue Review is based on the electronic version that was distributed in July 2018 but because it is a summary copy, **it may not have all the information contained in the electronic version. To sign up to receive the Blue Review electronically, complete the [request form](#) that can be found at bcbsok.com/provider.**

You can find the [Blue Review](#) online at bcbsok.com/provider/news and updates

News & Updates

Ensure Accuracy of Claims Coding, Billing and Payments

To ensure accuracy of claims coding, billing and payments, Blue Cross and Blue Shield of Oklahoma (BCBSOK) periodically conducts audits. Audits may encompass several factors, including (but not limited to) medical necessity determinations, lowest cost setting, and accurate claims coding and documentation.

In recent audits, we have identified the following areas of concern:

Illegible, Missing or Incomplete Signatures

Medical records submitted to substantiate services rendered or ordered must be appropriately signed and credentialed.

Acceptable signatures include: handwritten signatures or initials over a typed or printed name or authenticated electronic signatures. An electronic signature usually contains a date and timestamp, and a printed statement such as “electronically signed by” or “verified/reviewed by,” followed by the practitioner’s name and professional designation. Stamped signatures are not acceptable, nor are indications that a document has been “signed, but not read.”

The credential of the provider rendering the service must also be listed somewhere on the medical record; either following the signature, in the typed or printed name or in the letterhead area of the record.

Timeliness of Documentation

It is expected that documentation will be generated at the time a service is rendered or “as soon as practicable after it is provided in order to maintain an accurate medical record.” This is from the Centers for Medicare & Medicaid Services’ (CMS) Internet-Only Manual (IOM) Publication 100-04 Chapter 12.

CMS does not provide any specific period, but a reasonable expectation would be no more than 24-48 hours away from the service itself. Delayed entries within a reasonable time are acceptable for purposes of clarification, error correction, addition of information not initially available, or if unusual circumstances prevented the generation of the note at the time of service. Anything after 48 hours may be considered unreasonable, as providers cannot be expected to recall specifics of services rendered after time has passed. Providers should comply with this requirement and complete documentation in a timely manner. Additionally, entries should never be made in advance of a service being rendered.

Inappropriately Altered or Added Medical Records

The medical record cannot be altered. Any errors identified after the original record is complete must be legibly corrected in a manner that allows the auditor to identify what is being corrected and why.

If you need to make a correction to a written medical record, you should never write over, erase or delete the original entry. You should draw a single line through the erroneous information, leaving the original entry still legible. Sign or initial and date the deletion and include a reason for the correction above or in the margin or within the correction. Document the correct information with the current date and signature or initial.

Electronic records should follow the same principle of being able to identify the original entry, the correction, the date of the correction, the reason the record is being corrected and the person making the correction. Any hard copies of the electronic record must show the original entry and the correction.

Addendums

An addendum is used to add information to a record that was not available at the time of the original entry. Addendums should be added as timely as possible because the provider must be able to recall the details of the patient encounter. Addendums should be an exception rather than a routine for the practice.

To properly addend a medical record, the provider must, at a minimum, include the following details in the medical record:

- A statement indicating that the entry is an addendum
- The date the record is being amended
- The details of the amended information
- The signature of the provider writing the addendum

Templated, Copy and Paste, or Cloned Medical Records

Templates can be useful tools; however, providers should use caution when using templated language. Medicare discourages templates that provide limited options and/or space for the collection of information, such as checkboxes, predefined answers, choices to be circled, etc. Templates that just elicit selected information for reimbursement purposes are often not sufficient to demonstrate that coverage and coding requirements have been met. Templates may also encourage over-documentation to meet these requirements even when services were not medically necessary or were not even delivered.

Templates also make every patient visit or treatment appear the same. Each medical record must be specific to the individual patient. The reviewer of the chart must be able to discern the patient's

condition and services. Atypical patients may have multiple problems or additional interventions that must be documented in detail.

Documentation is considered cloned or “copy and paste” when each entry in the medical record for a patient is worded exactly alike or similar to the previous entries or when medical documentation is exactly the same from patient to patient. It would not be expected that every patient had the exact same problem, symptoms or required the exact same treatment.

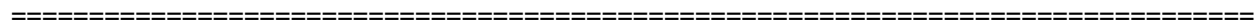
Documentation in the medical record must be specific to the patient and their situation at the time of the encounter.

Illegible Medical Records

All entries in the medical record must be legible to another reader so that a meaningful review may be conducted.

Legibility of medical records is not just a billing or compliance issue; it is a patient care issue. Illegible documentation may result in medication errors, incorrect diagnoses or procedures being assigned to the patient.

It is especially critical that the identity of the provider of the service be legible.



High-dose Influenza Vaccine Guidelines

Getting the flu vaccine is the best way to prevent the spread of the flu. Therefore, we encourage our members and communities to invest in their health and get vaccinated. We also want to ensure members are receiving the appropriate vaccine for their age according to the [Centers for Disease Control and Prevention \(CDC\)](#) and the [Advisory Committee on Immunization Practices \(ACIP\)](#). We are here to help you give your patients and our members the best care possible.

As a reminder, the flu vaccines called “High-dose influenza” are only approved by the FDA for those 65 and older. These included Fluzone High-Dose and FLUAD for the 2017-2018 flu season, but new products could become available each year. During flu season, please refer to the [“Table of Approved Vaccines”](#) on the CDC’s website for the most recent updates.

When a flu vaccine is administered to members outside of the approved age range, your patients are not receiving the most effective or appropriate care, and their health care dollars are not being used in the most economical way. Please be aware of correct vaccine administration, as well as accurate coding when filing your claims.

Details on our complete, approved immunization schedule can be found on the BCBSOK provider page under Standards & Requirements, Clinical Payment and Coding Policies, [“Preventive Services Policy CPCP006.”](#)

Changes Coming to the BCBSOK Predetermination Request Form

Changes to the Member Data and Documentation sections of the *BCBSOK Predetermination Request Form* are coming in **October 2018**. These changes will capture important information that is now collected by phone. The new form includes fields for drug names and dosing information. In addition, the procedural code fields have been modified to capture units. To download the form, go to bcbsok.com/provider/forms.

Feature Tip

New eviCore® Email Notification for Utilization Management Decisions

On Sept. 29, 2018, eviCore healthcare (eviCore) will begin notifying providers by email for all cases that are initiated through the eviCore web portal.

A few notes on this coming change:

- The email functionality is fully compliant with the Health Insurance Portability and Accountability Act (HIPAA). No protected health information is shared in the email. This is only a notification that a determination has been made on a specific case, or a case is still in process, with instructions to log in to the [eviCore](#) web portal for details.
- The email notification will only apply to cases that are initiated through the eviCore web portal. For cases initiated by phone and/or fax to eviCore, the provider will continue receiving faxed notifications from eviCore.
- This notification will only be sent to health care providers and their authorized contacts who have registered with a valid email address on the [eviCore](#) web portal. Patients will continue receiving mailed letters from eviCore.
- For any email rejections (e.g., user email mailbox is full, etc.), the provider notification will be resent by fax.
- Current options to request a faxed copy of the authorization through eviCore will remain in place.

Below is an example of the email notification providers may receive.

Subject: eviCore healthcare E-Notification: Case # 123456789 has been Updated

There has been an update issued for Case ID # [Enter Case Number] requested by NPI [Enter NPI Number]. To retrieve this information, please click on the link provided below to log in to the web portal, and use the NPI and Case ID option to search for Case ID # [Enter Case Number] and NPI [Enter NPI Number].

As part of our initiative to speed up communications and eliminate waste, there will not be a separate fax sent to you for this approval unless you request it.

Log in to the eviCore portal: <https://www.evicore.com/pages/providerlogin.aspx>

If your case is pending additional information, you can visit www.evicore.com to upload clinical information through the authorization lookup feature.

Please do not reply to this email, as replies will be sent to a non-monitored email box. If you have any questions after viewing the case information online, please don't hesitate to contact us at 1-855-252-1117.

Please contact [eviCore](http://www.evicore.com) at 855-252-1117 if you need more information.

Please note that the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. eviCore is wholly responsible for its own products and services. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

In the Community

Jamie Lee Curtis Announced as Keynote Speaker at 2018 Champions of Health Gala

Award-winning actress and author Jamie Lee Curtis will serve as keynote speaker at the 2018 [Champions of Health](#) gala, to be held at 6 p.m. on Sept. 27, at the [National Cowboy and Western Heritage Museum](#) in Oklahoma City.



The 15th annual Champions of Health gala will honor individuals and organizations working to improve the health of Oklahomans. All proceeds from the event benefit [The Oklahoma Caring Foundation, Inc.](#), a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge.

Curtis is known for her starring roles in such acclaimed films as "Freaky Friday," "True Lies," "Trading Places" and "A Fish Called Wanda." She is also an author of best-selling children's books, having sold more than five million books under the banner "Books to Grow By."

Curtis is a recovering alcoholic and addict and has served on the Board of Directors for The National Center on Addiction and Substance Abuse at Columbia University, as well as The Scott Hitt Foundation. She has a deep and active connection to many children's charities, and currently serves on the Board of Trustees at Children's Hospital Los Angeles.



“The Champions of Health gala recognizes the innovative individuals and organizations working to fill Oklahoma’s health voids,” said Curtis. “I’m excited to meet the deserving honorees, and to share my own health story.”

The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma, in partnership with the Office of Secretary of Native American Affairs, the Oklahoma Association of Optometric Physicians, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma Primary Care Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association.

For tickets, sponsorship opportunities and additional information, visit championsofhealth.org.

The Oklahoma Caring Foundation, Inc. is a non-profit organization administered as an in kind gift by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association.

Web Changes

- Posted [June Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Quickly, Efficiently Manage and Respond to Coding Opportunities Online through the Availity® Provider Portal](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Select Specialty Medications to Transition to Accredo Specialty Pharmacy – Effective June 1, 2018](#) to Education and Reference Center/News and Updates/Blue Review page

Stay Informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Update your information

Do you need to update your location, phone number, email or other important details on file with BCBSOK? Use our online forms to [request an information change](#).

Provider Training

For dates, times and online registration, visit the [Provider Training page](#).

Making the Health Care System Work. Better. Together.

We have an insider's view of how health insurers, doctors, hospitals, employers and governments depend on one another to provide access to affordable, high-quality care and help people live healthy, productive lives. We put together a team of writers and multimedia creators to work with business and thought leaders, inside and outside of our organization, to explore ways we can all work together to make the health care system work better for everyone. [Learn more about the online magazine](#) we created to tell these stories.

BCBSOK Online Provider Orientation

The [Online Provider Orientation](#) is a convenient and helpful way for providers to learn about the online resources available to them.

Medical Policy Reminder

Approved new or revised BCBSOK medical policies and their effective dates are posted on the BCBSOK website the first day of each month. These policies may impact your reimbursement and your patients' benefits. You may view all active and pending policies, or view draft Medical Policies and provide comments. These can be accessed on the Standards and Requirements page of our provider website.

While some information on new or revised medical policies may occasionally be published for your convenience, please visit bcbsok.com/provider for access to the most complete and up-to-date information.

On-demand Training

An [eRM tutorial](#) is available to show you how to navigate the features of the eRM tool. [Log in](#) at your convenience to complete the tutorial and use it as a reference when needed.



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